



THE MCKENZIE INSTITUTE CERVICAL SPINE ASSESSMENT

Date _____

Name _____ Gender _____

Address _____

Telephone _____

Date of Birth _____ Age _____

Referral: GP / Orth / Self / Other _____

Work demands _____

Leisure activities _____

Functional limitation for present episode _____

Outcome / Screening score _____

NPRS (0-10) _____

Present Symptoms _____

Present since _____ improving / unchanging / worsening _____

Commenced as a result of _____ no apparent reason _____

Symptoms at onset: neck / arm / forearm / head _____

Constant symptoms: neck/arm/forearm/head _____ Intermittent symptoms: neck/arm/forearm/head _____

Worse	bending	sitting	turning	lying / rising
	am / as the day progresses / pm		when still / on the move	
	other			

Better	bending	sitting	turning	lying
	am / as the day progresses / pm		when still / on the move	
	other			

Disturbed Sleep yes / no Sleeping postures: prone / sup / side R / L Pillows: _____

Previous spinal history _____

Previous treatments _____

SPECIFIC QUESTIONS

Dizziness / tinnitus / nausea / vision / speech _____ Gait / Upper Limbs: normal / abnormal _____

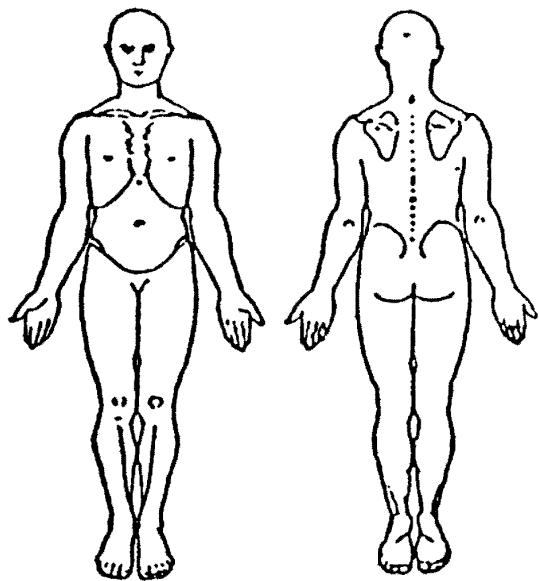
Medications: _____

General health / Comorbidities: _____ Recent / relevant surgery: yes / no _____

History of cancer: yes / no _____ Unexplained weight loss: yes / no _____

History of trauma: yes / no _____ Imaging: yes / no _____

Patient goals / expectations: _____



EXAMINATION

POSTURAL OBSERVATION

Sitting: *erect / neutral / slump*

Protruded head: *yes / no*

Lateral deviation: *right / left / nil*

Change of posture: *better / worse / no effect*

Lateral deviation relevant: *yes / no*

Other observations / functional baselines:

NEUROLOGICAL

Motor deficit _____ Reflexes _____

Sensory deficit _____ Neurodynamic tests _____

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Protrusion					
Flexion					
Retraction					
Extension					

	Maj	Mod	Min	Nil	Symptoms
Lateral flexion R					
Lateral flexion L					
Rotation R					
Rotation L					

TEST MOVEMENTS **Describe effect on present pain – During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised.

Pretest symptoms sitting	Symptomatic response		Mechanical response	
	During testing	After testing	Effect - ↑or ↓ROM or key functional test	No effect
PRO				
Rep PRO				
RET				
Rep RET				
RET EXT				
Rep RET EXT				
Pretest symptoms lying				
RET				
Rep RET				
RET EXT				
Rep RET EXT				
Pretest symptoms				
LF - R				
Rep LF - R				
LF - L				
Rep LF - L				
ROT - R				
Rep ROT - R				
ROT - L				
Rep ROT - L				
FLEX				
Rep FLEX				
Other movements				

STATIC TESTS Pro / Ret / Flex / Other _____ **OTHER TESTS** _____

PROVISIONAL CLASSIFICATION

Derangement Central or symmetrical Unilateral or asymmetrical above elbow Unilateral or asymmetrical below elbow

Directional Preference: _____

Dysfunction: Direction _____ Postural _____ OTHER subgroup: _____

POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY Comorbidities Cognitive - Emotional Contextual

Descriptions: _____

PRINCIPLES OF MANAGEMENT

Education _____

Exercise type _____ Frequency _____

Other exercises / interventions _____

Management goals _____

Signature _____